



# *The Commonwealth of Massachusetts*

## **CITY OF NEWTON**

### **APPLICATION FOR CERTIFICATE OF INSPECTION**

*Office Use Only*

**Record No.:** \_\_\_\_\_

**Certificate No.:** \_\_\_\_\_

**District No.:** \_\_\_\_\_

**Fee (or None):** \_\_\_\_\_

**In accordance with the provisions of the Massachusetts State Building Code, Section 106.5 and the General footnote of Table 106, I hereby apply for a Certificate of Inspection for the premises named below:**

**Address of Premises:** \_\_\_\_\_

**Name of Premises:** \_\_\_\_\_

**Purpose for which premises is used:** \_\_\_\_\_

**License(s) or Permit(s) Required for the Premises by Other Governmental Agencies:**

**License or Permit Number:** \_\_\_\_\_

**Issuing Agency:** \_\_\_\_\_

**Certificate to be Issued to:** \_\_\_\_\_

**Contact for Inspection:** \_\_\_\_\_

**Contact Phone No.:** \_\_\_\_\_

**Owner of Record of Building:** \_\_\_\_\_

**Address of Record:** \_\_\_\_\_

**Name of Present Holder of Certificate:** \_\_\_\_\_

**Name of Agent, if any:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Person to Whom Certificate is Issued or  
Authorized Agent**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

#### **INSTRUCTIONS :**

(1). Make check payable to: City of Newton

(2). Return this application with your check to: City of Newton Inspectional Services Department  
1000 Commonwealth Ave Newton Centre, MA 02459

#### **PLEASE NOTE:**

(1). Application form with accompanying fee must be submitted for each building or structure or part thereof to be certified.

(3). The building official shall be notified within ten (10) days of any change in the above information.

(2). Application and fee must be received before the certificates will be issued.